


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000002368</b> 1. Entity Name <b>CITIZENS FOR THE PRESERVATION OF ST. AUGUSTINE, INC.</b>	
---	---

<b>Principal Place of Business</b> 27 LOCUST ST ST. AUGUSTINE, FL 32084	<b>Mailing Address</b> P.O. BOX 487 ST. AUGUSTINE, FL 32085-0487
---	--

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>51-0459261</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
SCHIRMACHER, KATHRYN  
27 LOCUST ST  
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SIKES-KLINE, NANCY 15 MIRUELA AVE. ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GREENBERG, BECKY 3 ST ANDREWS COURT ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD SCHIRMACHER, KATHRYN 27 LOCUST ST SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SIMPSON, ALISON M 1306 SAN JOSE RD. SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WALLACE, ANTOINETTE B 104 LINCOLN ST SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000793264  
01/25/08-80002-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kathryn Schirmacher 1/19/08 (904) 808-1886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #